

About This Manual

This manual is designed to help you get started in planning, setting up and managing a web-based Minimum Data Set (MDS) process evaluation website for your State.

It contains:

- Assistance in understanding what you will need in order to use the MDS software within your state, including staffing and technical resources
- Instructions for the administration section of MDS.
- References to the other technical assistance and training materials available from CSAP for MDS
- Practical advice, gathered from other states that are currently using MDS, and marked as “Advice From the Field” throughout the document
- Details on the data entry for the administrative features of the MDS software

MDS Training Resources

The table below summarizes the MDS training materials that are currently available from CSAP, and provides an outline of the intended audience for the product, the product purpose, the current status and the update plan for the product.

Resource	Description	Audience	Purpose	Update Plan
MDS User's Guide	A template for States to use to create instructions for Service Providers for entering and editing records. Includes coding conventions and detailed data entry instructions.	State administrative staff to use as a resource for the State guide. Target audience for the Guide is the data entry staff at the Service Provider level.	Provides a printed reference for data entry person to use while entering information into the MDS. Provides definitions for codes and explains conventions.	Updates will include more examples and background information about the value of conducting process evaluations.
MDS Administrator's Guide	Manual describing how to set up MDS for your State. Includes detailed instructions, suggestions, process flow charts, and advice from the field.	State or other MDS system administrators (e.g. for Multi-state evaluation efforts, or substate agencies).	Provide details for the planning process of setting up the MDS and technical details to complete the process.	Updates will include additional advice from the field.
MDS Multimedia Tutorial CD-ROM	An audio-visual orientation to the MDS data entry process. Provides examples of data entry for each of the MDS screens.	Community-level Service Providers with little previous web-based data entry and/or prevention data entry experience.	Provides an orientation to new users. Reduces anxiety for users unfamiliar with the technology. Provides "trainer-like" individual training when a live training session is not practical. Provides refresher materials to be used after live training. Useful in training when no live web connection is available.	Updates will include additional motivational materials to help new users understand the importance of process evaluation data to their program.
MDS Training and Curriculum Materials	A computer-based training version of the MDS with printed training materials with feedback on whether the user's answers are correct. Examples, questions and answers are editable by the State.	Community-level Service Providers needing to be trained in how to enter accurate information into the MDS.	To provide training opportunities when no web-access is available in the training facility. To provide training for individuals in-between group training sessions. To provide refresher training to previously trained individuals.	Released version will be based on the feedback from the current State users.
Online Tutorials and step-by-step guides	Tutorials may be linked at a future date from www.prevtech.samhsa.gov website.	Casual users, those testing the MDS and interested in its purpose.	To provide an orientation to the MDS, and to maintain an easily accessible library of training materials.	Updates will be made as the versions available for demonstration are updated on the website.

Table 1. MDS Training Resources Summary.

Preparing To Use the Web-Based MDS

The process for preparing to use the web-based MDS software will consist of several steps, including planning for the resources needed to implement this process evaluation software, making decisions about the technical implementation of the software, and making choices about how to code for various services to facilitate statistical evaluation of the data that is collected from the service sites through use of this software tool.

The Planning Process

The flow chart below describes a process you can follow for planning for, and setting up, the MDS software for your State or agency.

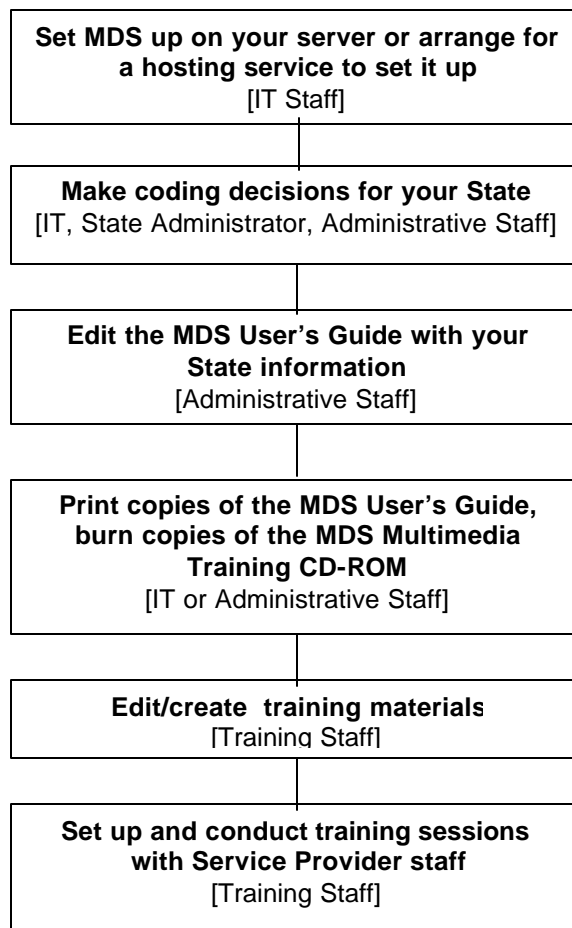


Figure 1. MDS Planning Flow Chart

Staffing Requirements and Qualifications

The information below provides a general outline of the staffing needs you will encounter to set up and maintain the MDS data entry system.

Information Technology (IT) Staff: experience and background in setting up databases, using Macromedia ColdFusion, Microsoft SQLServer, and iPlanet Web Server, FastTrack Edition (or Netscape FastTrack Server). Alternately, a commercial service can be used for hosting the MDS application.

State Level Administrator: a person at the State level with the authority to make decisions about how the MDS will be configured, what data will be collected, and how collected data will be analyzed and used; the capability to gather information from the stake-holders in the process; the ability to allocate adequate resources for planning and implementation of the MDS software setup, training and evaluation processes.

Administrative Support Staff: knowledgeable in computer word processing, printing, editing, writing, and organizing the meetings required to gain consensus on coding standards for the State.

Training Staff: experienced in database systems, State prevention activities, coding standards as determined appropriate for the State, and with a background in training. Alternately, MDS training may be available from your regional Center for the Application of Prevention Technology (CAPT). Visit the CAPT website to locate the CAPT for your region at <http://www.captus.org>.

Advice from the Field:
Approximately 1 to 1.5 full-time equivalent staffing positions are required to keep the MDS running smoothly, plus training staff and additional costs associated with the planning and set up of MDS.

Setting Up MDS on Your Server

The MDS is a web-based client-server data system for collecting evaluation data via the Internet. The MDS was designed to collect the same data as the earlier diskette based MDS1. Like its predecessor, the MDS collects process data, consisting of service data, such as the date a specific service was performed, the applicable CSAP strategy and service type, as well as the target audience. Depending on the type of service performed, item counts (units of material developed or delivered) or aggregate demographics of the attendees or participants are also collected.

The MDS is designed to run under State control, and does not require Federal intervention for continued operation. A server at the State level runs the application code and serves as the repository for all data collected. The Internet allows providers to communicate with this server over the Web. Therefore, data can be entered from any location where an Internet connection and Web browser is available.

The MDS hardware and software requirements are spelled out more completely in technical documents provided by CSAP through the contractor ORC/Macro;

you should request the most current version of these documents before beginning the installation process. The MDS software is provided free of charge, as is the technical assistance in getting the software up and running on your server, at least at the time this manual was developed. However, there will be costs associated with implementing the software. The actual costs will vary, depending on what hardware and software your State already has available, as well as the unused capacity of these existing systems. The total cost of the hardware and software, if you have no suitable system in place, could be as high as \$15,000, but may be considerably lower in many cases, depending on the needs of your State and existing hardware and software. Computer hardware and software prices continue to drop, and these costs may become lower over the years.







Once the software is in place, the maintenance of the software and hardware should be minimal, adding only a fraction of a staff person's time to maintain (such as to reboot the system on a regular basis, monitor the system periodically, backup the data on a regular schedule, and other similar tasks that are part of the normal routine of IT staff maintaining the various state servers).

An alternate means of providing an MDS installation for States and sub-state agencies that do not have the IT staff or financial resources to complete such an installation is to have the site hosted by an Internet website hosting service. At the time of the writing of this manual, ORC/Macro will provide a year's free service to States requesting such service. If this service becomes unavailable, locating a hosting service with the proper configuration and suitable facility would not be difficult and may be more cost effective for States or agencies that do not already have a data server and web server with staffing to maintain the equipment.

The Administration Menu














If you log in with a login id that has administrative access, you will see an additional item on the main menu:

Home Page

	Add Service	Enter a new Service record.
	Edit Service	View/Edit Services already entered.
	Create Reports	Create a report from selected services or all available services.
	Administration	Edit, view, add administrative data items (e.g., Staff, Activity Codes).
	Your User Information	Change your password and other user information.
	Logout	End your current session.

Main Menu for Administrators

Clicking this menu option will take you to the **Administration Menu** page shown below.

Administration Menu		
<div> Home FAQ Help </div>		
Providers and Staff		
	Providers	Add, Modify, or Remove Providers
	Staff	Add, modify, or remove Staff
	Staff Defaults	Change default settings for newly-created staff
Code Tables		
	Activity Codes	Add, modify, or remove Activity Codes
	Service Populations	Add, modify, or remove Service Populations
	Service Types	Add, modify, or remove Service Types
	Strategies	Add, modify, or remove Strategies
	RPFs	Add, modify, or remove Risk and Protective Factor Codes
	Substates	Add, modify, or remove Substate Codes
Demographics		
	Race/Ethnicity Subcategories	Add, modify, or remove Race/Ethnicity categories
	Auto Total	Enable or disable Automatic summation for race & ethnicity categories
System Settings		
	User-Defined Fields	Add, modify, or remove User-Defined Fields
	Time Limits	Set system-wide time limits

Administration Menu Page

First we will take a look at Providers and Staff, then System Settings, and last the different Code Tables and Demographics.

What Analysis You Can Perform With MDS Data

Understanding both what types of analyses you will be able to perform, as well as what analyses you will not be able to perform with the data you will collect with the MDS is an important first step to planning on the data coding schemes you will use.

With data collected from the MDS, you will be able to report on the number/percentage of participants:

- Served by each of the various service providers
- By the demographics of the population served (gender, age, race, ethnicity)
- By the services administered to various service populations (such as delinquent/violent youth, college students, economically disadvantaged youth, etc.)
- By service type (such as community drop-in centers, classroom educational services, small group sessions, etc.)
- By program strategy (information dissemination, education, alternatives, program identification and referral, community-based process, environmental)
- By IOM category (indicated, selected, universal) if your State decides to collect this data
- By zip code (if your State decides to collect this data)
- By primary or secondary risk or protective category (if your State decides to collect this data)
- By funding source (if your State decides to collect this data and your State defines a standardized list of codes to use for these sources)
- Gender, age or ethnicity by service type
- Gender, age or ethnicity by service population

Keeping in mind that the Minimum Data Set software is designed for reporting aggregate data, you will *not* be able to report on the number/percentage of participants such as:

- Gender by ethnicity or age
- Ethnicity by age or gender
- Unduplicated count of participants served by different service providers, strategies, service types
- Information about the characteristics of the participants not completing a series of sessions
- Dosage information such as total number of sessions completed and length of time in program (unless completion of the program is defined in terms of number of sessions attended) or demographics of those completing a program (unless there is a 100% completion rate)

Advice from the Field:

One provider treats each family as a new group and assigns them an activity number. She knows what each session is, based on a session coding scheme, and can then track each individually. This allows her to not only see who has/hasn't completed, but also allows her to track demographics of the participants as well. For example, her sessions would be something like this:

Session 01 - Initial parent contact
 Session 02 - Meet with the family
 Session 03 - Discuss plan of action
 Session 04 - Alcohol Education with family...

She can then track the demographics of the students/families that drop out at different times (sessions).

- Individual improvements based on services provided to that individual (because individual data is not collected in MDS, you cannot link the process data, by individuals, with outcome evaluations)

Planning Your State Codes

As you begin setting up the MDS software, the coding that you choose to use when setting up your system will have an effect on what analyses you can perform on the data you collect from the system.

You will have the opportunity to set up codes that are most appropriate for your State needs. You will also want to be sure to make use of as many of the CSAP default or predefined coding categories as are practical, as this will ensure that the data you collect from your State services can be aggregated with data from other states to provide CSAP with usable information on what prevention services are being offered, and the populations these services serve. Without such aggregated data, CSAP faces serious funding issues with congress; there is little benefit, from the political standpoint, in funding agencies that cannot report on how their money has been spent. Less Federal funding for prevention services translates to less State funding for prevention.

Activity Codes

The activity code is a unique identifier used to link each session within a recurring prevention service that is undertaken with the same group of people over a fixed period of time. Activity codes must be assigned to recurring prevention services (they are not used for single prevention services). Some states allow their providers to determine their own combination of characters and numbers, while others bring providers together and mutually agree on categories for the first three characters of the activity code (e.g. ASP for after school programs) with the remaining three characters being assigned by the individual provider. States and Providers may select either method. The most important thing to remember is to assign a new code each time a new, discrete, recurring program is started with a different group of people.

The system administrator can edit, view and add new activity codes. These codes are arbitrary and you may make them whatever you want. The items in the list are used by your Service Providers for Recurring Services only. The list that the providers will see will be sorted alphabetically by the Activity Code entry, so that A001 is before B001. (Note that this is not the same as a numerical sort.) If you are using numbers for your codes, you should probably make them all the same number of digits and use zeros to left pad the numbers, such as 0001, 0002, and so on, so that they will appear in numerical order.

Activity codes can be up to six characters long, and no longer.

You will enter a descriptive name for the activity in the “Description” text field. This is the description that your service providers will see when they select from

the pick list for the item, and it also the description that is used on the report of Services by Activities Code.

Substate Entities

The substate entity code is the alphanumeric code representing the geographic region, county, or district within the state or outside the state where the prevention service was provided. The entries in the Substate Entity Code column are linked to the corresponding field in the main Data Entry screen. Each Substate Entity Code is uniquely associated with a Substate Name.

You will want to define your substate entities before you enter Service Providers or Staff, since both of these require you to select the appropriate substate codes.

Substate IDs will be sorted alphabetically and can be no more than ten characters long. Substates may be defined to match geographic regions, administrative divisions, or programmatic divisions.

Before you add your substate entity categories, you will want to think carefully about how you will be assigning your staff to the various substate entities, as this can effect how you can pull up information for reporting, as well as what information that those doing data entry will be able to edit and view.

The substate that you assign to a provider will be used to determine what appears on the provider pick list when staff at the “Substate Staff” and “Substate Administrator” level are doing data entry. Your staff at the substate level will see only those providers matching that substate.

As you organize your codes for substate regions, think about how data entry will happen in your state.

- Do you have a few people at top levels that do most of the data entry? If so, then you might want to organize large substate regions and assign responsibility to staff to enter data for a large region. Defining too many substate breakdowns would mean that this staff would have to log in and out each time they enter data from a provider that was assigned to a different region if they wanted to use the pick lists. However, if they have a list of the provider codes, they can manually enter these codes.
- Or, does program staff do your data entry? Assigning smaller regional areas with fewer providers in each of the areas will help this staff choose the correct providers and also prevent comparison across providers by data entry staff.

More detail on this topic is provided in the next section on entering staff.

Staff

The Staff field refers to the name of the prevention service staff member who provided or oversaw the service.

When entering staff, type the staff member's name, login and password into the appropriate fields. Since the staff person can change their password at any time they want, you can assign a default password to each user of the system and recommend that they change it the first time that they log into the system.

Select the appropriate level of security for this staff member by clicking the arrow in the "Security" drop down list and making a selection.

Choosing the correct security level for the user is an important part of setting up your staff. Each level determines what data entry your staff can perform, what data they will have access to, and what they can report on. The list below provides an overview of what each type of staff person can do, and begins with the lowest level access.

- **Inactive Staff** is the designation for a staff person that you will be later assigning to a provider or substate, but are not yet ready to assign. You can also use inactive for a staff member that is on leave and will be returning at a later date. They cannot enter, edit, view or report on any data.
- **Field Staff** are generally those providing services, and they are assigned to do data entry for the service they perform. They can enter records and edit or report on the entries that they, themselves, make.
- **Provider Staff** may input and edit their own records. They can enter data for all other provider staff (for the provider with whom they have been linked), and view and report on all records for this provider.
- The **Provider Administrator** can input, edit, view and report on all records entered for the provider with whom they have been linked.
- **Substate Staff** may input and edit their own records for the substate entity with which they have been linked, enter data for all substate staff in their substate, and view and report on all records for this substate entity.
- The **Substate Administrator** can input, edit, view and report on all records entered for the substate to which they are linked.
- **State Staff** can input and edit their own records for services performed in this state as well as view and report on all records for services within

the state, regardless of the substate entity or provider that they were entered under.

- The **State Administrative** has access to all data for editing and reporting, but cannot access the administrative menu for changing settings.
- **System Administrators** have access to all the data and all of the system settings in the Administrative menu, including access to all user names and passwords.

For each user, you will need:

- the address for the staff member (address lines 1 and 2, as well as the City, Zip Code and Phone fields are optional, but the State text field is required)
- email address (optional)

Advice from the Field:

Some states have used more than one code to identify the same provider, and then choose the provider for an activity based on the funding source for that activity. In this way, they can later pull out data associated with a particular funding source when producing reports. Exporting data into a spreadsheet or Access database, along with a little creative macro writing, allows these states to then combine provider codes to create reports for that provider, or split activities for reports based on the funding sources.

The current version of MDS does not have an import feature for staffing.

Providers

The provider ID is the alphanumeric code representing the organization providing the prevention service. The entries in the Provider ID column are linked to the corresponding field in the main Data Entry screen. Each Provider ID is uniquely associated with a Provider Name.

You will need to create an alphanumeric code for each provider. The code can be up to ten characters long. You will enter in the Address, City, State, Zip and Phone information for this provider.

Since each provider can belong to one substate entity, you will need to define your substate entities in a way that allows you to set up the providers across regions.

Service Populations

The Service Population refers to the population or specific groups that directly received the prevention services. These codes will be used to identify those to whom prevention services are being directed. Service population descriptions and examples of common groups (including CSAP high-risk populations) that would be considered under each service population have been provided in the table below. You will need to emphasize in your training that in recording service populations, staff should select the category that most closely describes the group(s) or individual(s) who are the recipients of the prevention service. This is only way that accurate information about service populations can be reported from MDS.

Developing a set of Service Populations that well-describe the populations served in your state, that can be defined clearly and communicated clearly to your Service Providers doing the data entry is, of course, the key to obtaining good analysis of the populations served. The MDS contains 29 service population codes, as follows:

Advice from the Field:
There is always some problem with identifying service populations on the individual program level, as the case with a high school prevention intervention that has some pregnant youth in attendance. Although pregnant youth is a CSAP high-risk population, we need to use the lowest common denominator, “high-school population”.

MDS SERVICE POPULATION CODES	
SP01 —Business and Industry SP02 —Civic Groups/Coalitions SP03 —College Students SP04 —(COSAs) Children of Substance Abusers* SP05 —Delinquent/Violent Youth* SP06 —Economically Disadvantaged Youth/Adults* SP07 —Older Adults SP08 —Government/Elected Officials SP09 —Elementary School Students SP10 —General Population SP11 —Health Professionals SP12 —High School Students SP13 —Homeless/Runaway Youth* SP14 —Middle/Junior High School Students SP15 —Parents/Families	SP16 —People Using Substances* SP17 —People with Disabilities* SP18 —People with Mental Health Problems* SP19 —Physically/Emotionally Abused People* SP20 —Pregnant Females/Women of Childbearing Age SP21 —Preschool Students SP22 —Prevention/Treatment Professionals SP23 —Religious Groups SP24 —School Dropouts* SP25 —Teachers/Administrators/Counselors SP26 —Youth/Minors SP27 —Law Enforcement/Military SP28 —Gays/Lesbians SP98 —Other* SP99 —Not Applicable
* A CSAP high-risk population.	

Table 2 CSAP-Defined MDS Service Population Codes

Service Population codes can be up to four characters long. Many service populations have been predefined within MDS. Your State should add in your State-specific populations, for example your own high-risk populations. You will want your service providers or data entry staff to carefully consider how to code the general classifications of population that a service targets, as reports that are generated can use this information to determine where the prevention efforts have been focused within the state or region, and focus training efforts in this area.

The MDS defines the service population as follows (an asterisk indicates a CSAP high-risk population).

Business and Industry—Individuals who manage or work in for-profit or not-for-profit businesses or industry. Examples are small businesses, companies, corporations, industrial plants, and unions. Use Service Population Code SP01.

***Children of Substance Abusers/COSAs**—Youth and adults who are children of substance abusers. Examples are adult children of alcoholics, children whose parents abuse alcohol or other drugs, and children raised in or chronically exposed to situations involving substance abuse. Use Service Population Code SP04.

Civic Groups/Coalitions—Members of civic organizations, nonprofit organizations, and community coalitions. Examples are men’s and women’s state or local civic groups, nonprofit agency boards of directors or staff, community or statewide coalition members, community partnership groups, and community task forces, alliances, and similar community organizations. Use Service Population Code SP02.

College Students—Youth and adults enrolled in public or private institutions of higher education, including enrollees in universities, colleges, community colleges, technical colleges, and other institutions for advanced education. Use Service Population Code SP03.

Advice from the
Field:
Additional codes used
by Colorado
CO29—Adults/Youth
CO30—Attorneys
CO31—Childcare
Providers
CO32—Cooperative
Extension
CO33—Correctional
Facility Staff
CO34—Family Centers
CO35—Foundations
CO36—Head Start
CO37—Higher
Education Professionals
CO38—Inmates
CO39—People With
Physical Health
Problems
CO40—Probation/Parole
Staff
CO41—Youth Groups
CO42—Youth Workers

***Delinquent/Violent Youth**—Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent. Examples are youth declared delinquent by a State child welfare system, youth who have been arrested for juvenile delinquent behavior, youth who are chronically truant, and youth who display chronic or periodic violent behavior, including youth who display antisocial behavior (e.g., chronic fighting, hitting, using weapons). Use Service Population Code SP05.

***Economically Disadvantaged Youth/Adults**—Youth and adults considered to be underprivileged in material goods due to poor economic conditions. Examples are youth and adults living in poor housing conditions or who are enrolled in state or Federal public assistance programs. Use Service Population Code SP06.

Elementary School Students—Youth enrolled in public or private elementary schools in kindergarten through grade 5. Use Service Population Code SP10.

Gays/Lesbians—Individuals who identify themselves as emotionally and physically attracted to others of the same gender. Use Service Population Code SP28.

General Population—Youth and adult citizens of a state rather than a specific group within the general population. Use Service Population Code SP10.

Government/Elected Officials—Individuals holding government positions, including those who have been elected to public office. Examples are government workers; mayors; city administrators; city or county commissioners; supervisors, freeholders, or other elected officials; state legislators and staff; and members of the U.S. Congress and their legislative staff. Use Service Population Code SP08.

Health Professionals—Individuals employed by or volunteering for health care services. Examples are physicians, nurses, medical social workers, medical support personnel, medical technicians, and public health personnel. Use Service Population Code SP11.

High School Students—Youth enrolled in public or private high schools (generally grades 10 through 12) and home-study youth in these grades. Use Service Population Code SP12.

***Homeless/Runaway Youth**—Youth (and adults) who do not have a stable residence or who have fled their primary residence. Examples are street youth (and adults), youth (and adults) in homeless shelters, and youth in unsupervised living situations. Use Service Population Code SP13.

Law Enforcement/Military—Individuals employed in law enforcement agencies or in one of the U.S. Armed Services. Examples are police, sheriffs, state law enforcement personnel, and members of the National Guard, Army, Navy, Marines, Air Force, and Coast Guard. Use Service Population Code SP27.

Middle/Junior High School Students—Youth enrolled in public or private middle schools or junior high schools, including grades 6 through 8, 6 through 9, or 7 through 9, sixth-grade and seventh grade centers, and home-study youth in comparable grades. Use Service Population Code SP14.

Not Applicable—Used for prevention services not directed at a service population (e.g., clearinghouse, community drop-in centers, community teams). Use Service Population Code SP99.

Older Adults—Adults considered being older (in general, persons over 65 years of age). Examples are older persons who are living independently or residing in a nursing home or an assisted living facility. Use Service Population Code SP07.

***Other**—Individuals or organizations who do not fit any of the above definitions or who represent a special population on which a particular state wishes to capture prevention services data. Use Service Population Code SP98.

Parents/Families—Parents and families, including biological parents, adoptive parents, and foster parents; grandparents, aunts and uncles, or other relatives in charge of or concerned with the care and raising of youth; nuclear families; and mixed families. Use Service Population Code SP15.

***People Using Substances**—Youth and adults who may have used or experimented with alcohol, tobacco, or other drugs. Examples are youth or adults charged with driving under the influence (DUI), driving while intoxicated (DWI), or being a minor in possession (MIP); social or casual users of illicit substances; and youth and adults who smoke tobacco or consume alcoholic beverages but who are not yet in need of treatment services. Use Service Population Code SP16.

Advice from the
Field:

**Housing Complexes/
Organizations—**

Individuals employed by
public housing
organizations to provide
housing assistance,
advocacy and support. Use
Service Population Code
CT01.

Mentor/Mentee Matches

- Individuals paired in a
one-on-one mentoring
relationship. Use Service
Population Code CT02.

***People with Disabilities**—Youth and adults who have disabilities. Examples are individuals who are physically handicapped, hearing impaired, speech impaired, or visually impaired. Use Service Population Code SP17.

***People with Mental Health Problems**—Youth and adults with mental health problems. Examples are persons with diagnosable mental illness such as depression, severely emotionally disturbed youth, and the educable mentally retarded. Use Service Population Code SP18.

***Physically/Emotionally Abused People**—Youth and adults who have experienced physical or emotional abuse. Examples are victims of physical abuse, sexual abuse, incest, emotional abuse, and domestic abuse. Use Service Population Code SP19.

Pregnant Females/Women of Childbearing Age—Women who are of the physiological age to bear children and for whom the intent of prevention services is to ensure healthy newborns. Use Service Population Code SP20.

Preschool Students—Youth enrolled in, or of an age to be enrolled in, public or private preschool programs. Examples are youth enrolled in preschool programs, child day care, and Head Start programs, and other children aged 4 or younger. Use Service Population Code SP21.

Prevention/Treatment Professionals—Individuals employed as substance abuse prevention or treatment professionals. Examples are counselors, therapists, prevention professionals, preventionists, clinicians, prevention or treatment supervisors, and agency directors. Use Service Population Code SP22.

Religious Groups—Individuals involved with or employed in religious denominations or organized religious groups such as churches, synagogues, temples, or mosques. Examples are members, deacons, elders, clergy, religious associations, ministerial associations, ecumenical councils or organizations, lay leaders, and religious education staff. Use Service Population Code SP23.

***School Dropouts**—Youth under the age of 18 who have not graduated from school or earned a general educational development certificate and/or who are not enrolled in a public or private learning institution. Use Service Population Code SP24.

Teachers/Administrators/Counselors—Individuals employed in the education field. Examples are teachers, coaches, deans, principals, faculty, and counselors. Use Service Population Code SP25.

Youth/Minors—Children under age 18 who are not otherwise counted under one of the school grade categories. Examples are youth in recreation programs (camps, summer programs), youth in employment programs, and youth in clubs or recreation centers. Use Service Population Code SP26.

Strategies

Strategies summarize the prevention service activity according to the program strategy employed by CSAP.

Advice from the Field:
Some states have used the strategy coding to help break up services in ways that are of particular interest to their data collection needs. For example, strategy coding could be used to differentiate between direct services with clients, and indirect services such as staff planning meetings.

Strategy codes are exactly three characters long. The Strategy Code is used to help identify the primary strategy used for a program, and becomes part of the Service Type code. Strategy codes defined by CSAP include:

Information Dissemination—STN—provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Education—STE—substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Alternatives—STA—provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

Problem Identification And Referral—STP—aims to classify those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Community-Based Process—STC—aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Environmental—STV--establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and action-oriented initiatives.

When adding Strategy Codes for your state, begin the code with your State's two letter postal code (AZ—Arizona, CA—California, etc.)

Service Type Codes

Service Type Codes are used in MDS to identify the specific service that has been rendered to the clients. Your State should use the codes that CSAP has defined if they are applicable, and enter in your own State Service Type Codes for services specific to your state. Each Service Type Code you add to the MDS must begin with the three alphanumeric characters of one of the Strategy Codes (see the previous section for a description of these codes.)

Enter a descriptive name for the Service Type in the “description” text field. Each Service Type you define will require you to decide whether or not demographics will be required; your decision will be based on the availability for demographics to be collected for the service, the reporting requirements to the agency funding the project, the type of information that may be needed for evaluation, the burden on the program of collecting this data, and the availability of the same data from other sources—for example, for a school-based universal program, demographics can be obtained from the student management system.

You will also indicate whether the service is a “Single Service” or a “Recurring Service.” Current prevention research indicates that lasting change in behavior, risk factors, or community attitudes and perceptions is most likely to occur when services are provided with sufficient frequency, intensity, and duration. Thus, prevention services provided consistently, over time, have a better opportunity to change attitudes and behaviors that place people at risk for substance abuse than do single prevention events or activities. In planning for and providing prevention services that are likely to effect change, the transition from predominantly single prevention services to a balanced system of single and recurring services seems to be a logical direction for the future. Working with the six CSAP strategies for primary prevention (Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, Environmental), individuals, schools, parents, and communities can receive an appropriate mix of prevention services that encompass both single and recurring services.

How To Identify Single And Recurring Services

In the MDS, the terms “single” and “recurring” are used to distinguish between one-time events and ongoing prevention programs. *Single prevention services* are generally conducted once; examples are presentation at a civic group luncheon or a speech at a school assembly. In contrast, *recurring prevention services* are efforts undertaken with the same group of people over a fixed period of time, such as a parent education group where the same individuals meet once a week for 6 weeks.

It is important to know what constitutes a recurring prevention service in your State and what populations or conditions are best served through a program of recurring services rather than a single service. For example, changing or strengthening parental behavior as a means of helping youth to remain substance-free would probably require more than a single service. The prevention provider would need to work with the parents over time so that they can practice parenting skills and learn how to integrate them into their daily living.

States and Providers and Recurring Prevention Services—Prevention services that truly constitute a recurring program, with a planned beginning and end to the number of sessions conducted, should be identified in your State. States and provider agencies need to think about state and local prevention efforts that constitute a recurring program and agree to count all of these services as recurring. Examples are statewide initiatives that every provider has to conduct, such as a parenting program, a school dropout program, a community task force program, prevention resource centers, and family resource centers.

Some services are designed for a single application to a group. Although the same service may be administered to other groups, this would still be considered a “Single Service”.

Recurring Services are those services that will take place with the same participants over an extended period of time.

How To Code Recurring Prevention Services

Three fields in the MDS are used to record recurring prevention services.

Single/Recurring Service Code—The *single/recurring service code field* identifies the service as a single or recurring prevention service. An “R” is used for recurring.

Recurring Service Session Number—The *recurring service session number* is an incremental number denoting the session number of a recurring prevention service (e.g., 01 for the first session, 02 for the second session).

Activity Code—The *activity code field* is a unique identifier used to link each session within a recurring prevention service that is undertaken with the same group of people over a fixed period of time. Activity codes must be assigned to recurring prevention services. Some states allow providers to determine their own combination of characters and numbers, while others bring providers together and mutually agree upon categories for the first three characters of the activity code (e.g., ASP for after school programs) with the remaining three characters being assigned by the individual provider (e.g., ASP001, ASP002). States and providers may select either method. The most important thing to

remember is to assign a new code each time a new, discrete, recurring program is started with a different group of people.

What Will The Recurring Data Show?

Analysis of recurring data enables states and providers to better understand how services are conducted, what activities are being provided, and how frequently. This is important because there is so much variation across states and among providers as to what types of activities or numbers of sessions are the most effective for commonly provided services.

The recurring data become particularly important when considering outcome evaluation, developing programs that use research and best practices, and making decisions about what services the state wants to purchase. The MDS allows the state and its providers to compare services and to determine the most effective combination of activities and the best frequency of sessions to obtain the desired outcome. For instance, suppose that people who are enrolled in the ABC Agency's Parenting and Family Management Program receive a set of services 4 hours a week for 6 weeks. However, the XYZ Agency's Parenting and Family Management Program consists of four 1-hour sessions. State agencies funding both these programs expect that parents will receive the services needed to make a significant and lasting improvement in their parenting skills. Given that their structure and length are so different, it is unlikely that both programs will effect equal change. The MDS provides the information that can help states and providers better define a prevention program and the best practices to employ with various populations.

Advice from the Field:
Following are some of the examples defined by various States:

CTN01 Web Site Development
CTN02 Web Site Hits
CTP07 Case Management Participants
CTC11 Focus Groups
CTC12 Community Funds Distribution
MNV02 Preventing Underage Sale of Alcohol, Compliance Checks
MNN05 Number of web site hits this month
MNN08 Requests for information from outside of the State

Below are the Service Types defined within the MDS:

Information Dissemination

STN01 Clearinghouse/Information Resource Center
STN02 Health Fair Attendees
STN03 Health Promotion Attendees
STN04 Original A/V Material Developed
STN05 Original Printed Material Developed
STN06 Original Curricula Developed
STN07 Original Newsletters Developed
STN08 Original PSA's Developed
STN09 Original Resource Directories Developed
STN10 A/V Material Disseminated
STN11 Printed Materials Disseminated
STN12 Curricula Disseminated
STN13 Newsletters Disseminated
STN14 PSA's Disseminated
STN15 Resource Directories Disseminated

STN16 Media Campaigns Distributed
STN17 Speaking Engagement Attendees
STN18 Telephone Information Services Calls Received

Education

STE01 COSA Group Participants
STE02 Classroom Education Services Participants
STE03 Educational Services for Youth Group Participants
STE04 Parenting/Family Management Services Participants
STE05 Peer Leader/Helper Program Participants
STE06 Small Group Session Participants

Alternatives

STA01 ATOD-Free Social/Recreational Events Attendees
STA02 ATOD-Free Social/Recreational Events Participants
STA03 Community Drop-In Centers
STA04 Community Drop-In Center Attendees
STA05 Community Drop-In Center Participants
STA06 Community services Attendees
STA07 Youth/Adult Leadership Function Attendees
STA08 Youth/Adult Leadership Function Participants

Problem ID And Referral

STP01 Employee Assistance Program Attendees
STP02 Employee Assistance Program Participants
STP03 Student Assistance Program Attendees
STP04 Student Assistance Program Participants
STP05 DUI/SWI/MIP Program Participants
STP06 Prevention Assessment and Referral Attendees

Community-Based Process

STC01 Accessing Services and Funding
STC02 Assessing Community Needs
STC03 Community/Volunteer Services
STC04 Formal Community Teams
STC05 Community Team Activities
STC06 Training Services Attendees
STC07 Training Services Participants
STC08 Technical Assistance Services Attendees
STC09 Technical Assistance Services Participants
STC10 Systematic Planning Services

Environmental

STV01 Environmental Consultation to Communities
STV02 Preventing Underage Sale of Tobacco and Tobacco Products
STV03 Preventing Underage Alcohol Beverage Sales
STV04 Establishing ATOD-Free Policies
STV05 Changing Environ. Codes, Ordinances, Regs and Legislation
STV06 Public Policy Efforts

Strategy: Information Dissemination

Information dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Types of services conducted and methods used for implementing this strategy include the following: Clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaigns, speaking engagements, and telephone information services.

STN01

Clearinghouse/Information Resource Center—A central repository of and dissemination point for current, factual, and culturally relevant written and audiovisual information and materials concerning substance use and abuse. Examples are:

- Information resource centers
- Resource libraries
- Electronic bulletin boards
- Prevention resource centers
- Regional Alcohol and Drug Awareness Resource (RADAR) network centers

123

Count Method: A clearinghouse/information resource center is counted in the data set only once, using the Number of Units field, usually at the beginning of the reporting period for the year. Categorize as a single prevention service. Use Service Type Code STN01 Record the service population as SP99 (not applicable). Demographic tracking is not applicable to this service type.

STN02

Health Fair—Generally, a school- or community-focused gathering, such as a carnival or bazaar, traditionally held for barter or sale of goods, often for charity. These events offer an opportunity to disseminate materials and information on substance abuse prevention and health-related issues. Examples are:

- School health promotion gatherings
- Health screening programs in shopping malls
- Church fairs or carnivals
- Public health or health education fairs



Count Method: Health fairs are counted in the data set as a single prevention service. Record the service population and the demographics.

STN03

Health Promotion—A wide array of services and methods for dissemination of information intended to educate individuals, schools, families, and communities about specific substance abuse and health-related risks, risk reduction activities, and other activities to promote positive and healthy lifestyles. Examples are:

- Dissemination of materials at health education programs
- Health screening services
- Showing of substance abuse prevention videotapes at fairs and similar events



Count Method: Health promotion services are counted in the data set as a single prevention service. Record the service population and the demographics.

Materials Development—The creation of original documents and other educational pieces for use in information dissemination activities related to substance abuse and its effects on individuals, schools, families, and communities. Services under this category include audiovisual materials, printed materials, curricula, newsletters, public service announcements, and resource directories, as described below:

STN04

Audiovisual Material—Prevention material involving both hearing and sight. Examples are videotapes and films.

STN05

Printed Material—Written materials designed to inform individuals, schools, families, and communities about the effects of substance abuse and available prevention approaches and services. Examples are:

- Brochures
- Flyers
- Fact sheets
- Posters
- Pamphlets
- Prevention plans

STN06

Curriculum—A course of study in prevention.

STN07

Newsletter—A report giving prevention news or information of interest to a particular group.

STN08

Public Service Announcement (PSA)—A media message or campaign, usually less than 5 minutes long, and provided through public airways at no charge, designed to inform and educate audiences concerning substance abuse and its effects on individuals, schools, families, and communities. Examples are:

- Television PSAs
- Radio PSAs
- No-charge newspaper advertisements and announcements

STN09

Resource Directory—A list of substance abuse and related programs and services in a particular community, county, or state. Examples are:

- State services resource directory
- Community services resource directory
- Certification directory
- Training course directory

123

Count Method: Materials development services are counted, using the Number of Units field, each time a new document (or PSA) is developed and ready for dissemination or use. It is counted as the number of original documents (or PSAs) developed. Count as a single prevention service. Record the service population. Demographic tracking is not applicable for these service types.

STN10-15

Materials Dissemination—Distribution of written and audiovisual prevention information. Examples are providing handouts for a speaking engagement or providing materials for health fairs. Products included in the category are defined under Materials Development. Services under this category are:

- Audiovisual Material (Service Type Code STN10)
- Printed Material (Service Type Code STN11)
- Curriculum (Service Type Code STN12)
- Newsletter (Service Type Code STN13)
- Public Service Announcement (Service Type Code STN14)
- Resource Directory (Service Type Code STN15)

123

Count Method: Materials dissemination services are counted, using the Number of Units field, as the quantity of items disseminated. NOTE: A PSA is counted only once in the data set: when it airs for the first time. Count as a single prevention service. Record the service population. Demographic tracking is not applicable to this service type.

STN16

Media Campaigns—Structured activities that use print and broadcast media to deliver prevention information or health promotion messages relative to

substance abuse. In contrast with PSAs, campaign messages are usually more than 5 minutes long. Examples are:

- Media promotion of Red Ribbon, Project Graduation, or other similar events
- Printing of ads with “no-use” messages
- Distribution of signs to stores and businesses
- Distribution of bumper stickers, posters, etc.
- Use of national substance abuse prevention media materials tagged to a state or community (e.g., Partnership for a Drug-Free America)
- Prevention ads and messages in newspapers

123

Count Method: Media campaigns are counted in the data set, using the Number of Units field, when the campaign has been distributed to the vendor who will promote it (e.g., when the ads are printed in the paper or the store owner puts up the signs). Count as a single prevention service. Record the service population. Demographic tracking is not applicable to this service type.

STN17

Speaking Engagements—A wide range of prevention activities intended to impart information about substance abuse issues to general and/or targeted audiences. Examples are:

- Speeches
- Talks
- News conferences
- Briefings
- One-time classroom presentations
- One-time assembly presentations
- Hearings
- Volunteer speakers bureaus

123

Count Method: Speaking engagements are counted in the data set as a single prevention service. Use Service Type Code STN17. Record the service population and the demographics.

STN18

Telephone Information Services—Telephone services intended to provide information about substance abuse prevention and treatment issues and services. This does not include telephone calls that are a normal part of day-to-day business. Examples are:

- Toll-free telephone number services
- Information and referral lines
- Hotlines
- Crisis lines

123

Count Method: Telephone information services are counted, using the Number of Units field, in the data set as the total number of calls received during a month. Count as a single prevention service. Use Service Type Code STN18. Record the service population. Demographic tracking is not applicable to this service type.

Strategy: Education

Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Types of services conducted and methods used for implementing this strategy include the following: Children of substance abusers groups, classroom educational services, educational services for youth groups, parenting/family management services, peer leader/helper programs, and small group sessions.

STE01

Children of Substance Abusers (COSA) Groups—Substance abuse prevention educational services targeted to youth and adults who are children of substance abusers. Examples are:

- COSA 12-step programs
- Short-term educational groups
- Risk and protective factor programs
- Adult Children of Alcoholics (ACOA) meetings



Count Method: COSA educational groups are counted in the data set as recurring prevention services. Use Service Type Code STE01. Record the service population and the demographics.

STE02

Classroom Educational Services—Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom. Examples are:

- Delivery of recognized prevention curricula (e.g., Babes, Talking With Your Kids About Alcohol)
- Regular and recurring health education presentations to students



Count Method: Classroom educational services are counted in the data set as recurring prevention services. Use Service Type Code STE02. Record the service population and the demographics. NOTE: A one-time presentation should be counted as a speaking engagement.

STE03

Educational Services for Youth Groups—Structured substance abuse prevention lessons, seminars, or workshops directed to a variety of youth groups (children, teens, young adults) and youth organizations. Examples are:

- Substance abuse education for youth groups such as Boys & Girls Clubs and Scouts
- General substance abuse prevention education for other groups or organizations serving youth



Count Method: Educational services for youth groups are counted in the data set as recurring prevention services. Use Service Type Code STE03. Record the service population and the demographics.

STE04

Parenting/Family Management Services—Structured classes and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families. Topics typically include parenting skills, family communications, decision-making skills, conflict resolution, family substance abuse risk factors, family protective factors, and related topics. Examples are:

- Parent effectiveness training
- Parenting and family management classes
- Prevention programs targeting the family
- Programs designed to strengthen families



Count Method: Parenting/family management services are counted in the data set as recurring prevention services. Use Service Type Code STE04. Record the service population and the demographics.

STE05

Peer Leader/Helper Programs—Structured, recurring prevention services that use peers (people of the same rank, ability, or standing) to provide guidance, support, and other risk reduction activities for youth or adults. Examples are:

- Peer resistance development
- Peer/cross-age tutoring programs
- Student nonusing groups (e.g., “Just Say No” clubs)
- Teen leadership institutes
- Peer support activities (e.g., clubs, church groups)



Count Method: Peer leader/helper programs are counted in the data set as recurring prevention services. Use Service Type Code STE05. Record the service population and the demographics.

STE06

Small Group Sessions—Provision of educational services to youth or adults in groups of not more than 16 members. Examples are:

- Substance abuse education groups
- Short-term education groups
- Youth education groups
- Parent education groups
- Business education groups
- Church education groups

123

Count Method: Small group sessions are counted in the data set as recurring prevention services. Record the service population and the demographics.

Strategy: Alternatives

Alternatives provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

Types of services conducted and methods used for implementing this strategy include the following: Alcohol-, tobacco-, and other drug-free social/recreational events, community drop-in centers, community drop-in center activities, community services, and youth/adult leadership functions.

STA01-02

Alcohol-, Tobacco- and Other Drug-Free Social/Recreational Events—Social and recreational activities for youth and adults that specifically exclude the use of alcohol, tobacco, and other drugs. Examples are:

- Project Graduation and similar events
- After-prom parties
- Alcohol-, tobacco-, and other drug-free school events
- Alcohol-, tobacco-, and other drug-free community events
- Smoke-free gatherings and events

123

Count Method: Alcohol-, tobacco-, and other drug-free social/recreational events are counted in the data set as a single prevention service (use Service Type Code STA01). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STA02). Record the service population and the demographics.

STA03

Community Drop-In Centers—Centers that provide community facilities and structured prevention services that do not permit alcohol, tobacco, or other drug use on their premises.



Count Method: Count the number of community drop-in centers only one time per year, using the Number of Units field, preferably at the beginning of the reporting period for the year. Count as a single prevention service. Use Service Type Code STA03. Record the service population as “Not applicable” (Service Population Code SP99). Demographic tracking is not applicable to this service type. NOTE: Activities conducted at a community drop-in center are counted under Community Drop-In Center Activities (see below).

STA04-05

Community Drop-In Center Activities—Substance abuse prevention activities and events held at community drop-in centers that offer social, recreational, and learning environments free of alcohol, tobacco, and other drugs. Examples are:

- Teen center activities
- Community center activities
- Recreation center activities
- Senior citizen center activities



Count Method: Activities conducted at the community drop-in center are counted in the data set as a single prevention service (use Service Type Code STA04). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STA05). Record the service population and the demographics. NOTE: The center would be counted under Community Drop-In Centers (see above).

STA06

Community Services—Functions intended to prevent substance abuse by involving youth and adults in providing a variety of community services. Examples are:

- Community clean-up activities
- Events to repair or rebuild neighborhoods
- Fundraising for charitable causes
- Support to the elderly, handicapped, ill, etc.



Count Method: Community services are counted in the data set as single prevention services. Count the number of attendees who participated in the event, not the recipient of the event (e.g., count the number of youth repairing the buildings, not the number of buildings repaired). Use Service Type Code STA06. Record the service population and the demographics.

STA07-08

Youth/Adult Leadership Functions—Services through which youth/adult role models work with youth to help prevent substance abuse. Examples are:

- Tutoring programs
- Coaching activities
- Adult mentoring programs

- Adult-led youth groups
- Youth/peer mentoring programs

123

Count Method: Youth/adult leadership services are counted in the data set as a single prevention service (use Service Type Code STA07). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STA08). Record the service population and the demographics. NOTE: A mentoring program is defined as a relationship over a prolonged period of time between two or more people in which the older, wiser, more experienced individual(s) provide stable, as-needed support, guidance, and concrete help to the younger, at-risk person(s).

Strategy: Problem Identification And Referral

Problem identification and referral aims to classify those who have indulged in illegal or age- inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Types of services conducted and methods used for implementing this strategy include the following: employee assistance programs, student assistance programs, and DUI, DWI, and MIP programs.

STP01-02

Employee Assistance Programs—Services intended to provide substance abuse information for individuals whose substance abuse-related problems may be interfering with work performance. Examples are:

- Workplace prevention education programs
- Risk reduction education for work-related problems involving substance abuse
- Health education and health promotion programs for employees
- Supervisor training
- Workplace policy development
- Screening for referral

123

Count Method: Employee assistance programs are counted in the data set as single prevention services (use Service Type Code STP01). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STP02). Record the service population and the demographics.

STP03-04

Student Assistance Programs—structured prevention programs intended to provide substance abuse information for students whose substance abuse may be interfering with their school performance. Examples are:

- Early identification of student problems

- Referral to designated helpers
- Follow-up services
- In-school services (e.g., support groups)
- Screening for referral
- Referral to outside agencies
- School policy development

123

Count Method: Student assistance programs are counted in the data set as single prevention services (use Service Type Code STP03). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STP04). Record the service population and the demographics.

STP05

DUI/DWI/MIP Programs—In states that count DUI/DWI/MIP programs as a prevention service. Structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle. Examples are:

- Alcohol-related highway traffic safety classes
- Alcohol and other drug awareness seminars
- Court-mandated alcohol and other drug awareness and education programs (includes NIEP)

123

Count Method: DUI/DWI/MIP programs are counted in the data set as recurring prevention services. Use Service Type Code STP05. Record the service population as People Using Substances (Service Population Code SP16). Record the demographics.

STP06

Prevention Assessment and Referral Services—Refers to those activities intended to provide a risk screening, assessment, and referral to prevention service populations for placement in prevention or other appropriate services.

Count Method: Prevention assessment and referral services are counted in the data set as single prevention services. Use Service Type Code STP06. Record the service population and the demographics.

Strategy: Community-Based Process

Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency, collaboration, coalition building, and networking.

Types of services conducted and methods used for implementing this strategy include the following: Accessing, services and funding, assessing community needs, community/volunteer services, community teams, community team activities, training services, and technical assistance.

STC01

Accessing Services and Funding—Assisting states and communities in increasing or improving their prevention and treatment service capacity by developing resources to support those services. Examples are:

- Developing and maintaining a resource listing of Federal, state, and local funding programs
- Accessing and coordinating Federal, state, and local grants
- Developing program budgets



Count Method: Accessing services and funding activities are counted, using the Number of Units field, each time a resource is developed or maintained or a grant or budget is submitted. They are counted as the number of resources developed or maintained or the number of grants or budgets submitted. Count as a single prevention service. Use Service Type Code STC01. Record the service population. Demographic tracking is not applicable to this service type.

STC02

Assessing Community Needs—Implementing prevention-focused tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are:

- Conducting/participating in statewide prevention needs assessments
- Conducting community prevention needs assessments
- Conducting neighborhood needs assessments



Count Method: Assessing community needs is counted in the data set, using the Number of Units field, as the number of needs assessments conducted. Count as a single prevention service when it is completed. Use Service Type Code STC02. Record the service population as General Population (SP10). Demographic tracking is not applicable to this service type.

STC03

Community/Volunteer Services—Structured prevention activities intended to impart information and teach organizational development skills to individuals or community groups. Examples are:

- Community volunteer services
- Action planning for community decision-makers
- Multicultural leadership mobilization activities
- Neighborhood action services



Count Method: Community/volunteer services are counted in the data set as a single prevention service. Use Service Type Code STC03. Record the service population and the demographics of the people who received the community/volunteer service.

STC04

Formal Community Teams—Formalized community organizations concerned with fostering common interests and advocacy for prevention services. Examples are:

- Regular and ongoing participation in interagency councils or multiagency task forces
- Alliances
- Coalitions
- Groupings of citizens, including youth, who promote healthy communities, families, schools, and activities

123

Count Method: Community teams are counted in the data set, using the Number of Units field, and are recorded only one time once the formal community team is formed. Count as a single prevention service. Use Service Type Code STC04. Record the service population as not applicable (Service Population Code SP99). Demographic tracking is not applicable to this service type. NOTE: Activities that teams conduct or engage in are counted under Community Team Activities (see below).

STC05

Community Team Activities—Activities or services conducted with or sponsored by formalized community teams for the purpose of fostering, supporting, or enhancing community prevention services. Examples are:

- Multi-agency coordination and collaboration
- Community mobilization events
- Development or implementation of action plans
- Civic advocacy
- Joint planning or programming between two or more agencies or organizations
- Development of interagency or multiagency cooperative agreements to provide prevention services

123

Count Method: Community team activities are counted in the data set, using the Number of Units field, as single prevention services and are recorded as the number of sponsored events. Use Service Type Code STC05. NOTE: Count formal community teams under Community Teams (see above). Record the service population. Demographic tracking is not applicable to this service type.

STC06-07

Training Services—Delivering structured substance abuse prevention training events intended to develop proficiency in prevention program design, development, and delivery skills. (General public education or being a guest speaker at a training delivery is not included in this set of services and should be counted under Speaking Engagements under the Information Dissemination strategy). Examples are:

- Developing prevention training curricula
- Conducting prevention training programs
- Training of trainers
- Other formal skill-building activities

123

Count Method: Training services are counted in the data set by the agency or individual who conducted the training. Count as a single prevention service (use Service Type Code STC06). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STC07). Record the service population and the demographics.

STC08-09

Technical Assistance (TA)—Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities to promote prevention. Services recorded under this Service Type Code should be viable technical assistance that will lead to a final product. Examples are:

- Addressing cultural competence
- Developing an action plan/capacity building
- Quality assurance and improvement
- Conducting evaluations
- Adding programs and services
- Developing funding and resources
- Providing professional expertise
- Organizational development

NOTE: Technical assistance involving the environmental strategy is recorded under the Environmental Consultation to Communities Service Type Code.

123

Count Method: Technical assistance services are counted in the data set as single prevention services (use Service Type Code STC08). If the service meets the definition of recurring, count as a recurring prevention service (use Service Type Code STC09). NOTE: Attendance at professional meetings is not recorded in the data set. Record the service population and the demographics.

STC10

Systematic Planning—Structured services that help states and communities to identify prevention needs, assess existing prevention services, set priorities, and allocate prevention resources systematically, based on objective needs assessments. The specific plan is the product to be counted. Examples are:

- Agency/provider strategic plan
- Community team/organization plan
- Block grant plan

- State prevention plan

NOTE: If a state wants to be able to count this service, it must define the specific product or services.



Count Method: Systematic planning services are usually counted in the data set as single prevention services. Use Service Type Code STC10.

Strategy: Environmental

The environmental strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and action-oriented initiatives.

Types of services conducted and methods used for implementing this strategy include the following: Environmental consultation to communities; preventing underage sale of tobacco and tobacco products—Synar amendment; preventing underage alcoholic beverage sales, establishing ATOD-free policies; changing environmental codes, ordinances, regulations, and legislation; and public policy efforts.

STV01

Environmental Consultation to Communities—Consultation or guidance intended to maximize the development and/or enforcement of substance abuse norms and standards. Examples are:

- TA to Initiatives to Mobilize People for the Control of Tobacco Use (IMPACT)
- TA to the American Stop Smoking Intervention Study (ASSIST)
- TA to communities in monitoring enforcement of laws relative to the sale of alcohol or tobacco to minors
- TA to develop drug-free workplaces
- TA in developing drug-free school zones



Count Method: Environmental technical assistance to communities is counted Use Service Type Code STV01. Record the service population. Demographic tracking is not applicable to this service type.

STV02

Preventing Underage Sale of Tobacco and Tobacco Products—Synar Amendment—Activities intended to prevent the sale of tobacco and tobacco products to minors. They are also intended to track activities that meet the block grant requirements under the Synar amendment. Examples are:

- Conducting compliance activities
- Vendor education
- Law enforcement education



Count Method: Preventing underage sale of tobacco and tobacco products activities is counted in the data set, using the Number of Units field, as a single prevention service (e.g., conducting compliance activities). If the service meets the definition of recurring (e.g., 6-week vendor education), count as a recurring prevention service. Use Service Type Code STV02. Record the service population. Demographic tracking is not applicable for compliance activities, but is applicable for other education activities.

STV03

Preventing Underage Alcoholic Beverage Sales—Activities intended to prevent the sale of alcoholic beverages to minors. They are also intended to track activities such as placing signs (e.g. about drinking and pregnancy) in bars, restaurants, and other establishments and efforts to educate vendors and law enforcement personnel about these issues. Examples are:

- Social host training and management programs
- Commercial host training and management programs
- Holiday campaigns and special events
- Server education programs
- Signage activities
- Law enforcement education
- Vendor carding
- Working with alcohol beverage vendors (e.g., bars, restaurants) to reduce the sale and consumption of alcoholic beverages by minors



Count Method: Preventing underage alcoholic beverage sales activities is counted in the data set, using the Number of Units field, as a single prevention service. If the service meets the definition of recurring, count as a recurring prevention service. Use Service Type Code STV03. Record the service population. Demographic tracking is not applicable to this service type.

STV04

Establishing ATOD-Free Policies—Activities intended to establish places of education and workplaces free of ATOD products and use. These activities track efforts to establish or enhance school and workplace policies regarding ATOD use. Examples are:

- Establishment of drug-free school zones
- Establishment of drug-free workplaces
- School use policies and procedures (passed or improved)
- Business/workplace use policies and procedures (passed or improved)
- Tobacco use policy (passed or improved)



Count Method: Establishing ATOD-free policies activities is counted in the data set, using the Number of Units field, as a single prevention service. If the service meets the definition of recurring, count as a recurring prevention service.

Use Service Type Code STV04. Record the service population. Demographic tracking is not applicable to this service type.

STV05

Changing Environmental Codes, Ordinances, Regulations, and Legislation—Efforts intended to change environmental codes, ordinances, regulations, or other laws to reduce the availability of access to, or incidence or prevalence of abuse of ATOD. Examples are:

- Zoning ordinances to prohibit new alcohol outlets
- Zoning ordinances to reduce the number of existing outlets
- Drinking-in-public ordinances (passed or improved)
- State Alcoholic Beverage Control (ABC) regulations (passed or improved)
- Other local control powers (passed or improved)
- Prevention efforts aimed at state legislatures
- Prevention efforts aimed at city and county officials



Count Method: Changing environmental codes, ordinances, regulations, or other legislation is counted in the data set, using the Number of Units field, as a single prevention service. If the service meets the definition of recurring, count as a recurring prevention service. Use Service Type Code STV05. Record the service population. Demographic tracking is not applicable to this service type.

STV06

Public Policy Efforts—Activities intended to reflect efforts to change public policy about ATOD. Examples are:

- Managing advertising campaigns
- Public policy campaigns to change product pricing
- Public policy campaigns to change the location of alcohol and tobacco products to reduce accessibility to minors
- Conducting public policy campaigns (e.g., warning campaigns, health and safety campaigns)
- Developing uniform law enforcement policies within a jurisdiction or a series of surrounding jurisdictions to provide a community standard in the management of underage drinking and smoking, and related behaviors



Count Method: Public policy change activities are counted in the data set, using the Number of Units field, when the campaign is completed. Count as a single prevention service. Use Service Type Code STV06. Record the service population. Demographic tracking is not applicable to this service type.

User-Defined Fields

User-Defined Fields (UDFs) are fields added or deleted by an Administrator. They may include entities such as funding source, hours of direct service, hours of indirect service, and curriculum used. Clicking on UDFs will take you to the Administrative Data Entry: User Defined Fields screen.

Pre-defined user-defined fields are indicated in gray type and cannot be altered. However, you may hide or show a pre-defined UDF in your state's data entry form by using the "Visible?" setting. Select the "Yes" option if you wish to use the pre-defined UDF, select "No" if you do not.

To create a new User-Defined Field for your state, type the name for field in the appropriate "Field Title" text box. States and agencies have used these codes for many purposes. For example, a funding code can be used to enter in the primary source of funding for the activity, and reports can then be generated which break down the activities by funding sources.

The first seven UDFs are set in MDS and cannot be modified. These are:

1. Primary Risk/Protective Factor [Yes/No]—Determines whether the Risk and Protective Factors entered in are displayed and selectable by the user (see next section for these categories).

2. Secondary Risk/Protective Factor [Yes/No]—Determines whether the Risk and Protective Factors entered in are displayed and selectable by the user as a secondary risk factor.

3. IOM Category [Yes/No]—Determines whether or not the user must select an Institute of Medicine (IOM) category (indicated, selected, and universal). Universal prevention measures are desirable for everyone in the eligible population, both general and specific groups. Often such measures can be applied without professional advice or assistance. The benefits outweigh the risks and costs for everyone. Examples of universal prevention include use of seatbelts, a good diet, avoidance of smoking, immunization. Selected prevention is desirable only when the individual is a member of a subgroup whose risk of becoming ill is above average. Subgroups can be based on age, gender, occupation, or family history. An example of selective prevention would be immunization against yellow fever for some travelers; another is breast cancer examinations at young ages for those with a family history of breast cancer. Indicated prevention is for persons who have a risk factor, condition, or abnormality that places them at high risk for future development of the disease. Examples are various screening programs for particular diseases, e.g., HIV testing and needle exchange programs for injected drug users.

4. Funding Source [Yes/No]—Determines whether the user will be required to type in the funding source for the service provided. If you require your service providers to supply this information you should provide them with a coding chart so that the information will be consistently entered. The entry is not checked against a pick list, and your data may need to be reviewed and cleaned up to obtain accurate counts of the services for a particular funding source.

5. Hours of Direct Service [Yes/No]—Determines whether the user will be required to enter in the number of hours for direct service associated with the service being entered.

6. Hours of Indirect Service [Yes/No]—Determines whether the user will be required to enter in the number of hours for an indirect service associated with the service (used to track indirect time and effort required to render a service).

7. ZIP Code [Yes/No]—Determines whether the user will be required to supply the zip code where the service was rendered.

Risk or Protective Factors

The Risk or Protective Factors list is used within the User-Defined Fields for fields 1 and 2. These can be turned on and off, depending on the needs of your State or agency. This list is used to identify the primary and secondary risk or protective factors that the intervention is attempting to affect. The Center for Substance Abuse Prevention has identified a set of these factors, based on scientific research. Your state or agency may have modifications of this set, or add to the set, based on the state or agency priorities and local conditions.

These can be used to generate reports based on the factors, or the data can be downloaded for more detailed cross-tabulation reports on risk or protective factors with other categorizations of the data.

RPF Codes can be up to ten characters long. You can also enter an optional sub-factor into the “Sub-factor” text field. This data could be used in analysis for breaking out the primary factors and their contributing sub-factors, for example when evaluating the outcome of a program compared to the implementation.

Please send feedback, comments, additions, and corrections for this version of the Administrative User’s Guide to heiko@imagenmultimedia.com.